



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:
877-738-4391 Fax: 877-738-4395

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO
REVIEWED THE DECISION:**

X

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous
adverse determination/adverse determinations should be:

X

Provide a description of the review outcome that clearly states
whether medical necessity exists for each of the health care
services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

A X revealed X. X was noted X. Based on a X note, the X. X had had X and X. A X showed X. As of X was noted to X. X had been on X. X dated X was X. As of X had X with X. A X was X. X noted X or X. X in X and X and X were X. As of X had X. X was X and X. X and X were X. As of X and X. A X was X. On X, it was noted X had X and X. A X informed X had a X. The X indicated X could X. X did have X. X had X. It was felt X had X. X was then X pain X. They had discussed with X the X. A X was X and it was noted to be X. X were X. X was X on X. It was noted as of X had, had been X. X noted X was X. It was noted X had X as well. X was X. A X that day was X. As of X had received X. X were X. A X was X and X.

As of X the patient noted X was X. X had also X. X was X. On X only X. X had X with X and X had X. The X were X at that time. As of X was X and X were X. A X that X. On X pain was X. X was X. X were X. Dr. X examined the patient once again on X. X noted X and X was X. X were X. A X that day was X. On X, a preauthorization request was submitted for X. On X, it was noted X had X. X was X. Dr. X provided a note on X and made X. It was X were medically necessary. On X, an appeal was submitted for the X which another adverse determination was provided for on X. As of X it was again noted the X with X and it provided X. X were X. A X that day was X. The X a letter on X, noting X had X and X. X had been on X. X had X since X and the X. X notes X had been on X. X noted X was also on the X. The patient noted X did X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

It should be noted the Official Disability Guidelines (ODG) does not recommend a X as a "first line treatment for X but that is not the situation for this X. The ODG also notes X are not recommended in X provided for review. Furthermore, per the ODG, X are allowed as an X. The medical records reviewed from the X and Dr. X do X. According to the X, the X. X has been X. In X opinion, the requested X is medically necessary, appropriate, and in accordance with the ODG and therefore, the previous adverse determinations are overturned at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHRQ – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)